

**SOUTH DAKOTA BOARD of EXAMINERS for COUNSELORS
and MARRIAGE & FAMILY THERAPISTS**

PLAN OF SUPERVISION FOR LICENSED MARRIAGE AND FAMILY THERAPIST

Reference ARSD 20:71:05

<http://legis.state.sd.us/rules/DisplayRule.aspx?Rule=20:71:05>

NOTE: The training supervisee must possess an **approved Plan PRIOR TO THE START OF SUPERVISION and **RETAIN it as proof to practice in SD until licensed**.**

Refer to the Administrative Rules on Page 2 for specifics. PRIOR to changing or adding a training supervisor, the supervisee must submit a new Plan within 30 days for Board approval.

Please complete by typing or printing legibly.

Date: _____ Name: _____

Home Mailing Address: _____

Email Address: _____ Phone No.: _____

What will be the **setting & location** for this counseling experience? _____

Supervisor's Name: _____ Phone No.: _____

Place of Employment: _____

Address: _____ City/ST/ZIP _____

SD LMFT License No.: _____ License **ISSUE** Date: _____
(mm / dd / yyyy)

By signing, WE ATTEST that we have read, understand, and agree to follow all the Rules of Supervision (ARSD 20:71:05) as stated on Page 2 of this Plan of Supervision.

Supervisee (applicant) Signature

Supervisor (licensed MFT) Signature

For office use ONLY: _____

Approved: _____ Yes _____ No

Comments: _____

Please return completed form to: **SD Board of Examiners for Counselors and Marriage & Family Therapists,**
PO Box 2164, Sioux Falls, SD 57101-2164 (605) 331-2927

20:71:05:01. Qualifications of a supervisor. The supervisor must be knowledgeable of the clinical skills required for effective delivery of marriage and family therapy as defined in SDCL 36-33-1. The supervisor must have knowledge of the important literature in the field of marriage and family therapy and professional ethics and must see that all supervised work is conducted in appropriate professional settings. **All supervisors must be licensed as a marriage and family therapist for at least three years before beginning supervision of an applicant.** The supervisor shall document evidence of complying with the requirements on a form provided by the board. The form will be submitted prior to beginning the period of supervision. The supervisor must comply with standards of the American Association for Marriage and Family Therapy (AAMFT) in the process of the supervision, as of July 1, 2001.

20:71:05:02. Plan of supervision. The training applicant and training supervisor shall sign a form designated by the board. The form must be approved by the board prior to beginning the training experience. The form shall contain identifying information, including the applicant's name and mailing address; the applicant's social security number; the supervisor's name and mailing address; the supervisor's qualifications including license number and license issue date; social security number, and place of employment. **At least two years of supervised experience in marriage and family therapy must be completed within three years and include 200 hours of supervision concurrent with 1700 hours of marriage and family therapy conducted in face-to-face contact with individuals, couples, and families. At least 100 of the 200 hours of supervision must be individual supervision.**

20:71:05:03. Responsibilities of training applicant. The training applicant shall file the supervision plan on a form designated by the board. If the training applicant must change the supervision plan, it is the applicant's responsibility to contact the board within 30 days of the change and provide an updated supervision plan. **The training applicant shall sign an acknowledgement and agreement to adhere to the American Association for Marriage and Family Therapists Code of Ethics.**